

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M.G.		9/25/95
O.I.P.E. CLASSIFIER			9-29-99
FORMALITY REVIEW		10574	10-5-99

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	8/30/95
2	✓	✓	9/10/95
3	✓	✓	9/10/95
4	✓	✓	9/10/95
5	✓	✓	9/10/95
6	✓	✓	9/10/95
7	✓	✓	9/10/95
8	✓	✓	9/10/95
9	✓	✓	9/10/95
10	✓	✓	9/10/95
11	✓	✓	9/10/95
12	✓	✓	9/10/95
13	✓	✓	9/10/95
14	✓	✓	9/10/95
15	✓	✓	9/10/95
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30	✓	✓	9/10/95
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47	✓	✓	9/10/95
48	✓	✓	9/10/95
49	✓	✓	9/10/95
50	✓	✓	9/10/95

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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Best Available Copy